



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/814,379  
Applicant : Ronna Stockard  
Filed : March 31, 2004  
Title : Infant-Supporting Privacy Nursing Apron  
TC/A.U. : 3765  
Examiner : Vanatta, Amy B.  
Docket No. : 57296

**AMENDMENT**

Mail Stop: **Amendment**  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

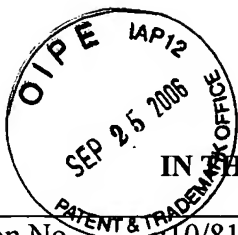
S I R:

Responsive to the Office Action mailed **June 22, 2006**, please make the following amendments.

**Amendments to the claims** begin on page **2** of this paper.

**Amendments to the specification** begin on page **5** of this paper.

**Remarks/Arguments** begin on page **6** of this paper.



Docket No.: 56296

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Applicant	:Ronna Stockard	Examiner	:Vanatta, Amy B.
Filed	:March 31, 2004		
Title	: <b>INFANT-SUPPORTING PRIVACY NURSING APRON</b>		

AMENDMENT FEE TRANSMITTAL

Mail Stop: **AMENDMENT**  
Commissioner of Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is a communication/response in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.27 has been previously established (**by a verified statement previously submitted**).
- ☒ Small entity status under 37 C.F.R. 1.27 is hereby claimed.
- ☒ Also enclosed is/are: Amendment; Certificate of Mailing; Cover Letter
- ☐ Other:

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Prev. Paid For	Extra Claims	Small Entity	Lg. Entity
Total Claims	7 -	20 <sup>1</sup>	=0 <sup>3</sup>	X \$25.00	X \$50.00
Independent Claims	2 -	3 <sup>2</sup>	=0 <sup>3</sup>	X \$100.00	X \$200.00
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$180.00	+ \$360.00
<b>TOTAL</b>					

1 If less than 20 enter 20

2 If less than 3 enter 3

3 If less than 0 enter 0

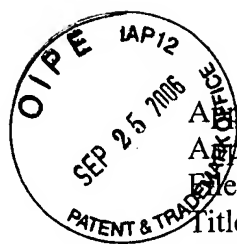
- ☒ No additional fee is required for the amendment/response.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is attached.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17, or credit any overpayment, to Deposit Account No. \_\_\_\_\_. A duplicate copy of this sheet is attached.

Respectfully submitted,

Dennis H. Lambert  
Registration No. 25,017

Dated: September 20, 2006  
Dennis H. Lambert & Associates  
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Burke, Virginia 22015  
Tel: 703-451-1227/Fax: 703-451-1297

LFW



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CERTIFICATE OF MAILING

Mail Stop: **Amendment**  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

S I R:

I, Christine Lambert, hereby certify that the attached documents hereto: **Amendment Transmittal; Amendment (10 pp.)**;; along with a first-class postage prepaid return receipt card, are being deposited today, **September 21, 2006**, with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to:

Mail Stop: **AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Christine Lambert  
Christine A. Lambert

September 21, 2006  
Date

DHL:cal

Dennis H. Lambert & Associates  
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